

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036650

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-21905931

ST-29311

8868

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 24 1962

1003

VS 300  
Rev. 4/59

1

2

3

4

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12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS, MISSOURI

Length of stay in 1b

8 DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

VET. ADM. HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

c. CITY

OR TOWN ST. LOUIS

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS 5577 ERA STREET

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

JOHN

Middle

L.

Last

ROLF

4. DATE

OF DEATH

Month

SEPTEMBER

Day

12

Year

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-7-24

## 9. AGE (last birthday)

38

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

POLICE OFFICER

## 10b. KIND OF BUSINESS OR INDUSTRY

Law enforcement

## 11. BIRTHPLACE (City and state or country)

ST. LOUIS, MISSOURI

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

JOHN H. ROLF

## 13b. MOTHER'S MAIDEN NAME

ROSE NOONAN

## 14. NAME OF HUSBAND OR WIFE

CECILIA ROLF

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WWE

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

CECILIA ROLF

SAME AS 2/D

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

BRAIN STEM COMPRESSION

INTERVAL BETWEEN  
ONSET AND DEATH

RECURRENT GLIOBLASTOMA MULTIFORME

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

193.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

VA

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at 2:45 AMto 9-12-62 and last saw her alive on 9-12-62  
on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

James F. Giffin MD

## 22b. ADDRESS

VAH, ST. LOUIS

## 22c. DATE SIGNED

9-12-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

9-15-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Buchholz

5967 W. Florissant

## 25. DATE RECD. BY LOCAL REG.

SEP 13 1962

## 26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed: Ralph E. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.